Highlights of Recent Results from the New Health Insurance Modules of the National Immunization Survey

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2001-2002 HIM Research topics

The association between having a medical home and vaccination coverage among children eligible for the Vaccines for Children (VFC) program.

 VFC eligible children who have a medical home and use it consistently to receive all vaccine doses can have vx coverage rates that are comparable to non-VFC children.

(4:3:1:3:3: 75.3% vs 77.7%, adjusted p<0.05)

(Smith et al. *Pediatrics* 2005).

2001-2002 HIM Research topics

4:3:1:3:3*

Associations between childhood vaccination coverage, insurance type, and breaks in health insurance coverage. (Smith et al. *Pediatrics* 2006).

1.	Privately, only, insured Publicly insured Uninsured	75.6%(r) 70.0%** 52.6%**
2.	No breaks in health insurance coverage Currently insured, but had breaks Currently uninsured, but previously insured Chronically uninsured	73.5%(r) 64.8%** 53.3%** 47.4%**

Among 19-24 month-old children (r) = reference category

^{**} significantly different at 0.05 level compared to the reference category

Insurance and 4:3:1 Coverage at 19 months of Age 2006 NIS

Insurance Status

	Uninsured	Insured
Family Income category	% (95% CI)	% (95% CI)
≤ 133% FPL	57.8 (±6.9)	63.7 (±2.1)*
134% -399% FPL	60.6 (±7.5)	67.9 (±1.9)*
≥ 400% FPL	56.7 (±18.3)	75.3 (±2.1)*

^{* =} p < 0.05

To what extent would the % VFCeligible children increase if underinsured receiving doses at public facilities were VFC-eligible?

VFC, 4 categories 48.0%

VFC, 5 categories 49.1%

Estimated MMR Coverage 13-17 Year Old Teens: 2006

	2006 % (95% CI)
VFC eligible	83.4% ±3.3%
On Medicaid	83.0% ±4.0%
Uninsured**	84.2% ±6.9%
AI/AN	79.3% ±11.4%
Underinsured/FQHC	94.1% ±8.7%

^{** =} at the time of the NIS RDD interview